

Fee Schedule

Prefix T - Therapist Procedures Only

Illinois Department of Public Ai

Updated as of: 8/4/2004

Prefix	HCPCS	Description	Rate	Hand	Program
				Priced?	Code
T	31579	LARYNGOSCOPY FLEX FIBER STROBO	192.95	N	04
T	92506	SPEECH EVALUATION	999.99	N	04
T	92507	INDIVIDUAL SPEECH THERAPY	999.99	N	04
T	92508	GROUP SPEECH THERAPY	429.76	N	04
T	97001	PHY THERAPY EVALUATION	999.99	N	04
T	97003	OCCUP THERAPY EVALUATION	999.99	N	04
T	97110	INDIVIDUAL THERAPEUTIC PROCEDURES	999.99	N	04
T	97150	GROUP THERAPEUTIC PROCEDURES	388.48	N	04
T	97535	ACTIVITIES OF DAILY LIVING & COMPENSATORY TRAINING	633.28	N	04
T	97799	NON-SPECIFIED PHYSICAL TRAINING	405.44	N	04
T	G0129	OCCUP THERAPY/FURNISHED AS A COMPONENT-PART HOSP TREATMENT	0.00	Y	09
T	G0151	SERVICES OF PHYSICAL THERAPIST/IN HOME HEALTH SET EA 15 MIN	0.00	Y	09
T	G0152	SERV OF OCCUPATIONAL THERAPIST IN HOME HEALTH SET EA 15 MIN	0.00	Y	09
T	G0153	SERV OF SPEECH & LANGUAGE PATH IN HOME HEALTH SET EA 15 MIN	0.00	Y	09
T	Q0103	PHYSICAL THERAPY EVALUATION IN ITIAL	36.30	N	02
T	Q0104	PHYSICAL THERAPY REEVALUATION PERIODIC	0.00	Y	02
T	Q0109	OCCUPATIONAL THERAPY EVALUATIO N INITIAL	36.30	N	02
T	Q0110	OCCUPATIONAL THERAPY REEVALUAT ION PERIODIC	36.30	N	02
T	S9128	SPEECH THERAPY IN THE HOME PER DIEM	0.00	Y	09
T	S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM	0.00	Y	09